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Ma. BURIAL. CREMA- 24b. DATE / 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity, town, or county) (State) From Removal Committee 1/28/50 Machnelah Lexington Mo DATE RECT BY LOCAL REGISTRAR'S SIGNATURE 25 UNERAL DYRECTOR'S SIGNATURE ADDRESS MACHNELAN Machnelah 25 UNERAL DYRECTOR'S SIGNATURE ADDRESS Machnelah	. (X	1// 1/0)	(2-101) (Mu).	Selento	~ Mis	105 150
Burial 1/28/50 Machnelah Lexington Mo DATE RECT BY LOCAL REGISTRAR'S SIGNATURE STUNERAL DIRECTOR'S SIGNATURE JADDRESS / MINISTER SECURITIES JAMES J. LUNGER	24a. BURIAL, CREMA-	24b, DATE		Y OR CREMATORY 24d. L		
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded	on the revers	e side of this	certificate wa	s embalmed by	me, or	by
			\$44aa.4	'nhal M-		

working under my personal supervision.

the above constitutes grounds for revocation of license.)

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

Licensed Embalmer No.

If this body is not embalmed, fact should be so stated above.